MAINE DEPARTMENT OF LABOR Bureau of Unemployment Compensation

Telephone: 1-800-593-7660 TTY Users Call Maine Relay 711

NOTICE OF ATTEMPTED RECALL OR JOB REFUSAL

Individual's Name, Address, and Social Security No.			Rule 2.7(F) states "Whenever an employing unit offers employment to an individual and such offer is refused, or when an employer is unable to contact a former employee at last known or given address for purpose of recall to suitable employment, the employing unit shall immediately notify the administrative office of the bureau as to the details of the offer and refusal or attempted recall."	
Che	ck one block and enter specific informati	ion below:		
[]	The individual named above has been offered employment by this firm and the offer was refused.			
[]	We have been unable to contact the above named former employee at last known or given address for purpose of recall to employment.			
 1.	Date offer or attempted recall was made			
2.	Job title of employment			
3.	Date individual was to start work / job			
4.	Location of the job			
5.	Expected duration of work			
6.	Rate of pay for work			
7.	Offer for work was for full or part time? [] Full time [] Part time			
8.	Reasons for refusal were			
9.	Method of offer, i.e., letter, phone, etc			
10.	Comments			
Employer's Name				Phone No.
Ву		Title		Date
		1		

Please mail or fax this form to the Unemployment Claim Center closest to you.

Unemployment Claim Center Mailing Addresses / Fax Numbers

97 State House Station Augusta, ME 04333-0097 45 Oak Street Bangor, ME 04401 66 Spruce Street, Suite 2 Presque Isle, ME 04769

Fax No. (207) 287-5905

Fax No. (207) 561-4665

Fax No. (207) 764-2142

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